THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1953

State File No. **13796**

BIRTH NO. _____ REG. DIST. NO. _116_ PRIMARY REG. DIST. NO. _3020_ Registrar's No. _73_

362 / 0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY Franklin	a. STATE Missouri b. COUNTY Franklin
b. CITY OR TOWN Washington c. LENGTH OF STAY (in this place) 29 da	c. CITY OR TOWN Union 0361
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital	d. STREET ADDRESS (If rural, give location) 106 E Locust St 0

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) THOMAS	c. (Last) MARSHALL	4. DATE OF DEATH (Month) April (Day) 14 (Year) 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec 30, 1880	9. AGE (In years last birthday) 72	If UNDER 1 YEAR Months 3 Days 14	If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Marshall	13b. MOTHER'S MAIDEN NAME Mary E Wray	14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 497-03-4532a	17. INFORMANT'S SIGNATURE OR NAME Mrs Wm Osiek	ADDRESS Union, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Senility; Arteriosclerosis	10 yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Rt. femur	4 wks
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 036	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _15 Mar_, 1953, to _14 Apr_, 1953, that I last saw the deceased alive on _13 Apr_, 1953, and that death occurred at _9:40 A_ m., from the causes and on the date stated above.

23a. SIGNATURE Wm K Richardson m. (Degree or title)	23b. ADDRESS Union, Mo	23c. DATE SIGNED 15 Apr 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-16-1953	24c. NAME OF CEMETERY OR CREMATORY Brush Creek Cemetery	24d. LOCATION (City, town, or county) Gray Summitt, Mo (State)

DATE REC'D BY LOCAL REG. Apr. 15, 1953	REGISTRAR'S SIGNATURE 99-0 FR Hudson	25. FUNERAL DIRECTOR'S SIGNATURE Union Funeral Home, Union, Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by⸺⸺⸺

⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺⸺, **Student Embalmer No.** ⸺⸺⸺⸺⸺⸺⸺⸺,

working under my personal supervision.

Student ....
    Student Embalmer

Signed _Harlan H. Johannaber_

Licensed Embalmer No. _4488_

P. O. Address _Union, Misso_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.